

STATE OF COLORADO, DIVISION OF ADMINISTRATIVE HEARINGS

Filed at:

1120 Lincoln Street, Suite 1400, Denver, CO 80203 (for hearings in Denver and northern Colorado)
1259 Lake Plaza Drive, Suite 210, Colorado Springs, CO 80906 (for hearings in southern Colorado)
222 S. 6th Street, Suite 414, Grand Junction, CO 81501 (for hearings in western Colorado)

APPLICATION FOR HEARING AND NOTICE TO SET

Claimant, _____ W.C.#: _____
vs _____
Employer, _____
and _____ Date of Injury: _____
Insurer, Respondents. _____

A. Application for Hearing: Filed by or for _____ (Print Name of Party)
It is requested that this matter be set for hearing in (check one): ☐ Alamosa ☐ Boulder ☐ Colorado Springs
☐ Denver ☐ Durango ☐ Ft. Collins ☐ Glenwood Springs ☐ Grand Junction ☐ Greeley ☐ Pueblo

☐ Check here to certify that you have attempted to resolve with the other parties all issues listed on the application for hearing (HB03-1322).

The following issues shall be considered at the hearing:

<input type="checkbox"/> Compensability	<input type="checkbox"/> Temporary Total Benefits from _____ to _____
Medical Benefits	<input type="checkbox"/> Temporary Partial Benefits from _____ to _____
<input type="checkbox"/> Authorized provider	
<input type="checkbox"/> Change of physician	
<input type="checkbox"/> Reasonably necessary	
<input type="checkbox"/> Related to injury	
<input type="checkbox"/> Treatment after max. improvement	
<input type="checkbox"/> Average Weekly Wage	<input type="checkbox"/> Permanent Partial Benefits
<input type="checkbox"/> Subsequent Injury Fund	<input type="checkbox"/> Permanent Total Disability Benefits
<input type="checkbox"/> Petition to Reopen Claim	<input type="checkbox"/> Death Benefits
<input type="checkbox"/> Disfigurement	<input type="checkbox"/> Insurance Coverage
<input type="checkbox"/> Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended.	

☐ Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc): _____

Witnesses to be called at the hearing or by deposition: List names and addresses:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(Attach additional pages if necessary)

B. Request for the Division to Set the Matter for Hearing:

If you are not represented by an attorney and would like the Division of Administrative Hearings to set this case for you, please check here: ☐ Do not fill out Section C. Complete Sections D and E.

C Notice to Set

A setting date shall be on a Tuesday, Wednesday, or Thursday, between the hours of 8:00 am to 12:00 noon or 1:00 pm to 3:00 pm, at least ten days and no more than twenty days after this **APPLICATION FOR HEARING AND NOTICE TO SET** has been mailed.

The undersigned will contact the Division of Administrative Hearings,

☐ Denver at <http://www.colorado.gov/dpa/doah/WCSet.htm>, or (303) 764-1420, for hearings to be held in Denver, Boulder, Greeley and Fort Collins, or in Colorado Springs, Pueblo, and Alamosa, or

☐ Grand Junction at (970) 248-7340, for hearings to be held in Grand Junction, Durango, and Glenwood Springs, on the _____ day of _____, 20____, at _____ .M., to set this matter for hearing. Other parties will be called by the undersigned to confirm a date. Personnel authorized to confirm settings should be available with a calendar at that time.

D.: Signature

X

Signature

Street Address

Print/Type Name

City, State, Zip Code

Attorney Registration Number

Phone Number

FAX

Date

E-Mail Address

☐ Check here if this is the Entry of Appearance for the Attorney. Party Attorney is Representing _____
(Print Name of Party)

E. Certificate of Mailing

I hereby certify that I mailed or delivered the original of the Application for Hearing and Notice to Set to:

☐ Division of Administrative Hearings
1120 Lincoln Street, Suite 1400
Denver, CO 80203

☐ Division. of Administrative Hearings
1259 Lake Plaza Dr., Suite 210
Colorado Springs, CO 80906

☐ Division of Administrative Hearings
222 South 6th Street, Suite 414
Grand Junction, CO 81501

And copies to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.)

Signature

Date Mailed

REV 06/03